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maintenance fee notifical		, ,	, , , , , , , , , , , , , , , , , , , ,	. voponaoneo adaros	, and/or (	o) mulcaling a sepa	itale LEE ADDKE22. 10
CURRENT CORRESPONDE	N Fo pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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MINNEAPOLIS, MN 55402-1498				(Depositor's name)			
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		OR .	ATTORNEY DOCKET NO. CONFIRMATION N		
09/733,215 12/08/2000			Badri N. Prasad		<del></del>	6944	3483
TITLE OF INVENTION:	METHOD FOR HIGH	-RISK MEMBER IDEN	TIFICATION			0,44	3463
A DDI NI TYDE	GMALL ENGINEER			<b></b>			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	11/20/2009
EXAMI	EXAMINER		CLASS-SUBCLASS				
PASS, NATALIE		3686	705-003000	_		- ,	
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Address form PTO/SB/  Tee Address" indice PTO/SB/47: Rev 03-03-03	/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no paren will be private.					
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or t	ype)			<del></del>
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing ar	patent. If an assigne assignment.	ee is ident	tified below, the do	cument has been filed for
(A) NAME OF ASSIG	NEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Ingenix, In	C.	Eden Prairie, Minnesota					
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🗘 Co	rporation	or other private grou	up entity Government
la. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							hown above)
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<ul> <li>Change in Entity Statu</li> <li>a. Applicant claims</li> </ul>			<b>D.</b>				
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Authorized Signature Allocke Date 9/22/09							
Typed or printed name		Registration No. 41,956					
his collection of informat n application. Confidentia ubmitting the completed a nis form and/or suggestion lox 1450, Alexandria, Vir clexandria, Virginia 22313	application form to the is for reducing this burg ginia 22313-1450. DO -1450.	USPTO. Time will vary ien, should be sent to the NOT SEND FEES OR C	depending upon the indi Chief Information Offic OMPLETED FORMS T	vidual case. Any corer, U.S. Patent and 7 OTHIS ADDRESS.	nments or Frademark SEND To	complete, including the amount of time Office, U.S. Depar O: Commissioner fo	gathering, preparing, and e you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450,
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